



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
PRESCRIPTION DRUG REPOSITORY PROGRAM
DONATED DRUG DESTRUCTION RECORD

NOTE: This form may **not** be used for destruction of abandoned controlled substances.

NAME OF REPOSITORY SITE	ADDRESS OF REPOSITORY SITE	TELEPHONE NUMBER
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DONATED PRESCRIPTION DRUG INFORMATION

DRUG NAME	STRENGTH	QUANTITY	MANUFACTURER OR NDC (IF AVAIL)	DONOR NAME	REASON CODE

I have inspected the donated drug(s) listed above and determined:

Reason A: That they are unsafe and not suitable for dispensing,
Reason B: The drug and the packaging are not in compliance with 19 CSR 20-50.025,
Reason C: The drugs require storage temperatures other than normal room temperature as specified by the manufacturer and/or USP, or
Reason D: The drugs were safe when donated, but have expired.

SIGNATURE OF REPOSITORY SITE REPRESENTATIVE	DATE OF DESTRUCTION
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